CALIFORNIA LIQUID WASTE HAULER RECORD

015-7241

32.5	2/013	STATE DEPARTM	
PRODUCER OF WASTE (M	lust be filled by producer)		HAULER OF WASTE (Must be filled by hauler)
Name ALUMINUM [PRINT OR TYPE] Pick up Address: , 5/5/	1 CO. OF AM	ERICA CODE NO.	ASBURY OIL CO. 13419 Halldale Ave., Gardena, California 90249 Phone: (213) 321-1392
Telephone Number: 2/3	(CIT SON CONTRACT N	1A165243	Pick Up: 3-27-77 Time:
Order Placed By:	HERON	Date: 3-22.77	State Liquid Waste Hauler's Registration No. (if applicable):
Type of Process which Produced Wastes:	TCHING FROC (Examples: metal plating, equipmen wastewater treatment, pickling bath		Job No.: No. of Loads or Trips: Unit No Series Unit No Unit No Vehicle: Vacuum truck Varrels, [] flatbed, [] other (SPECIFY)
DESCRIPTION OF WASTE (Must be filled by producer)			The described waste was hauled by me to the disposal facility named below and was accepted.
Check type of wastes: 1. Acid solution	6. Tetraethyl lead sludge	11. Contaminated soil and sand	I certify (or declare) under penalty of perjury that the foregoing is true and correct Signature of Authorized Agent and Title
2. ☐ Alkaline solution 3. ☐ Pesticides	7. Chemical toilet wastes 8. Tank bottom sediment	12. Cannery waste	DISPOSER OF WASTE (Must be filled by disposer) OPERATING INDUSTRIES, INC.
4. Deant sludge	9. Oil	14. Mud and water	Name (print or type): 2425 So. Garfield Ave.
5. Solvent	10. Drilling mud	15. Brine	Site Address: Monterey Park, Calif. 9175
Other (Specify)		CODE NO.	The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.
(Examples: Hydrochloric aci phenolics, solvents (list), me organics (list), cyanide)		Concentration: er Lower % ppm	Quantity measured at site (if applicable):State fee (if any):
1.			Handling Method(s):
2.			recovery -
3.			treatment (specify):
4.			disposal (specify): pond spreading landfill injection well
5.			If waste is held for disposal elsewhere specify final location:
6.			Disposal Date:
Hazardous Properties of Wa		corrosive [] explosive	I certify (or declare) under penalty of perjury that the foregoing is true and correct.
Bulk Volume: 3,006	gal cons	barrels Other (SPECIFY)	The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports
Containers. NUMBER	arums 🗆 cartons 🗆	bagsorner(specify)_	
Physical State.	solid Cyfquid C	Judge Other (SPECIFY)	
Special Handling Instruction	ns (if any):	ONE	
The waste is described to the applicable).	e best of my ability and it was delive	red to a licensed liquid waste hauler (if	
I certify (or declare) under path the foregoing is true and		markin Syramion	FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.
Andrewson Assessment Control of the	SIGNATU	TOF AUTHORIZED AGI T AND TITLE	D.O.T. Proper Shipping Name